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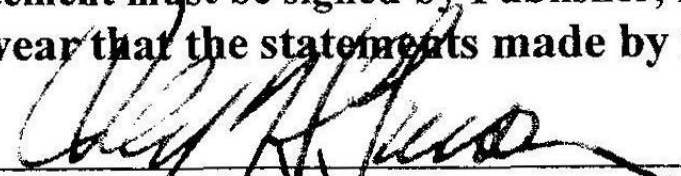
# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>Baltic Beacon</b>		2. DATE <b>10/1/07</b>
3. FREQUENCY OF ISSUE <b>WEEKLY</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>22.00</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO Box 41, BALTIC, Minnehaha Co., South Dakota 57003</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO Box 5034, SIOUX FALLS, SD 57117-5034</b>		
6. FULL NAME OF PUBLISHER: <b>Arnold Garson</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">FULL NAME <b>Argus Leader Media</b></div> <div style="width: 65%;">COMPLETE MAILING ADDRESS <b>PO Box 5034, SIOUX FALLS, SD 57117-5034</b></div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <b>NONE</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<b>443</b>	<b>415</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<b>72</b>	<b>50</b>
2. Mail Subscription (Paid and or requested)	<b>226</b>	<b>228</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<b>298</b>	<b>278</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<b>0</b>	<b>0</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<b>45</b>	<b>45</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<b>343</b>	<b>323</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>100</b>	<b>92</b>
2. Return from News Agents	<b>0</b>	<b>0</b>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<b>443</b>	<b>415</b>

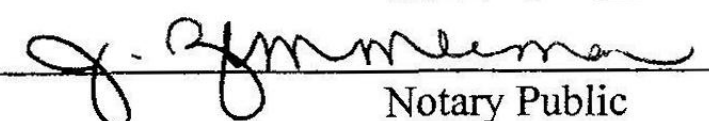
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
 I swear that the statements made by me are true, correct, and complete:

  
 (Signature)

**Publisher**  
 (Title)

State of South Dakota )  
**Minnehaha** )  
 County of **Minnehaha** )  
 (Seal) **JACQUELINE ZIMMERMAN**  
 NOTARY PUBLIC  
 SOUTH DAKOTA

Sworn to before me this **1<sup>st</sup>** day of **October**, 20**07**

  
 Notary Public

My commission expires: **12-22-09**